

which occurs at the shortest latency (1.5 milliseconds), appears to be generated by VIII nerve activity. Whereas, Wave V which appears at latency of about 5.5 milliseconds, appears to be generated in the region of the inferior colliculus. Factors of attention, arousal or expectation do not affect the amplitude or latencies of the response (Picton).

The ability to record the activity of the auditory pathway from a surface electrode in human subjects affords the physician a new tool for evaluating (1) the presence or absence of hearing by objective means, (2) some idea as to the extent of hearing impairment by changes in latency or amplitude of the responses and (3) a measure of the functioning of the central auditory pathway in various neurological diseases.

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## Diet in Multiple Sclerosis

CONSIDERATION OF nutritional factors has always been prominent in the search for the cause and proper treatment of multiple sclerosis (MS). Deficiencies of vitamins and minerals, food allergies and fat intake have been suggested as possible etiologic factors but have never been confirmed as significant. Treatment with vitamin B-12 (and with niacin), as with numerous drugs, was initially thought promising but has faded from use (popularity). Swank's success with a low fat diet has been neither confirmed nor contradicted. Similar but less physiological dietary regimes, based only on anecdotal reports, have recently been popularized in the lay press. The unpalatable nature of these diets makes it unlikely that many patients will stay on them long enough to build up a pool of scientifically significant statistics.

Findings from epidemiological studies related to nutrition have shown significant correlation only with total fat intake and with the percent of calories of animal origin. These are in accord with the geographic findings of high risk areas in countries where the use of dairy products (animal fats) is high.

At present it does not seem that nutritional factors play an important part in either the cause or the treatment of MS, although one double-blind study suggested that a supplement of linoleate (sunflower seed oil was the source) decreased the severity, duration and perhaps the frequency of exacerbations. Even though it is not certain that a high fat diet may have an unfavorable effect on MS, it still seems reasonable to advise MS patients to eat a low fat diet, and to avoid dietary extremes and indiscretions.

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## Guanidine Hydrochloride Therapy in Neuromuscular Disorders

GUANIDINE HYDROCHLORIDE facilitates acetylcholine release at the neuromuscular junction. The drug was first used in treating patients with myasthenia gravis in the late 1930's but was found to be ineffective. In some patients treated, weakness increased. However, in most patients with the myasthenic syndrome (Eaton-Lambert), guanidine decreases weakness and repairs the electrophysiologically demonstrable defect of neuromuscular transmission. The drug also has proven beneficial in some patients with botulinum intoxication. Evidence is far from convincing that guanidine significantly alleviates symptoms in patients with amyotrophic lateral sclerosis even temporarily, and the natural course of the disease is not altered by this therapy.

Adverse reactions to guanidine hydrochloride are common and may be serious. Side effects range from paresthesias, tremors, ataxia, nystagmus, slurred speech, vertigo, increased weakness, increased emotionality, anorexia, nausea, diarrhea, various skin eruptions, anemia, leukopenia, thrombocytopenia or aplastic anemia. Monthly blood counts on patients treated with guanidine appear to be sufficiently sensitive to detect the slowly developing bone marrow depression.